

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Prescription for America's Future</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00560532	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> /            <div style="border: 1px solid black; padding: 2px;">D D D</div> /            <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">05</div> /            <div style="border: 1px solid black; padding: 2px;">14</div> /            <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	

Full Name of Payee <b>Adtrans, Inc</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> /            <div style="border: 1px solid black; padding: 2px;">D D D</div> /            <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">05</div> /            <div style="border: 1px solid black; padding: 2px;">15</div> /            <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address <b>6713 Oakmont Way</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4200.00</div>		
City <b>Bradenton</b>	State <b>FL</b>	Zip Code <b>34202</b>	Transaction ID : <b>SE.4111</b>		
Purpose of Expenditure <b>Mobile Billboard</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> /            <div style="border: 1px solid black; padding: 2px;">D D D</div> /            <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">05</div> /            <div style="border: 1px solid black; padding: 2px;">12</div> /            <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Name of Federal Candidate <b>EARL LEROY CARTER</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>01</b> State: <b>GA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">4893.67</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Power Marketing &amp; Printing</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> /            <div style="border: 1px solid black; padding: 2px;">D D D</div> /            <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">04</div> /            <div style="border: 1px solid black; padding: 2px;">30</div> /            <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address <b>1080 Nine North Dr. Suite D</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">693.67</div>		
City <b>Alpharetta</b>	State <b>GA</b>	Zip Code <b>30004</b>	Transaction ID : <b>SE.4117</b>		
Purpose of Expenditure <b>Advocacy Mailing</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> /            <div style="border: 1px solid black; padding: 2px;">D D D</div> /            <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">05</div> /            <div style="border: 1px solid black; padding: 2px;">09</div> /            <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Name of Federal Candidate <b>EARL LEROY CARTER</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>01</b> State: <b>GA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">693.67</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">4893.67</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael G. Adams

[Electronically Filed]

Date

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Signature